



Antonio's Summer Superstars

Permission Slip

I authorize my child, _____, to participate in the *Antonio's Summer Superstars* reading program. I will encourage my child to complete the required 20 books by the deadline.

Please print clearly

Parent's Name

Student's First Name

Student's Last Name

Address

City, State

Zip Code

Home Phone Number

Valid E-Mail Address: _____

Parent's Signature

***Please return this form to your child's teacher or mail it to Congressman Delgado's office.
Must be received by September 10, 2021 to the teacher or our office:***

**Congressman Antonio Delgado
256 Clinton Ave.
Kingston, NY 12401**